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ABSTRACT

Abuse of alcohol and other drugs causes a variety of problems in a community. Accordingly, this is a manual for use by groups of citizens working to build a broadly based community alcohol and drug abuse prevention program. It includes both a systematic framework which a coalition can apply to its community, and a detailed case study of one community group's success with an indicator data approach to assessing the community effects of drug and alcohol abuse. Part 1 asserts the need to assemble a community profile, and to clearly articulate the purpose for the data gathering activity. Part 2 presents the steps in assembling a package of community indicators, each accompanied by an illustration from the Regional Drug Initiative in Portland, Oregon. The steps are as follows: (1) brainstorming a list of possible indicators; (2) rounding out the field to fill in additional possibilities according to a table of indicator categories; (3) finding available data; (4) screening indicators according to availability; (5) looking for regional and national comparisons; (6) reconsidering the list; (7) identifying the best indicators; and (8) choosing the best approximations. Finally, part 3 suggests guidelines for using and disseminating the resulting community indicators. A list of further reading about community coalitions in alcohol and drug abuse prevention is appended, along with an illustrative example of disaggregating profile data. (TE)

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Western Regional Center
DRUG -FREE SCHOOLS AND COMMUNITIES

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Developing a Community Profile: A Handbook for Using Pre–existing Data in Prevention Planning

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With case study material from:

The Regional Drug Initiative

Portland, Oregon

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Developing a Community Profile: A Handbook for Using Pre–existing Data in Prevention Planning

by

Roy M. Gabriel

Charles Brinkerhoff

With case study material from:

The Regional Drug Initiative

Portland, Oregon

Acknowledgements

With this publication of the handbook, *Developing a Community Profile Using Pre-existing Data*, by the Western Center, it is hopeful that schools/communities/organizations will be afforded yet another opportunity to work together closely to combat drug use within their communities.

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The Western Center always appreciates any input from our readers and looks forward to hearing more about your own experience in this area.

Judith A. Johnson, Director
Western Center for Drug-Free Schools and Communities

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INTRODUCTION

Abuse of alcohol and other drugs causes a variety of problems in a community. Some of these problems are old and well established; others are newer, although growing at an alarming rate in many places. In recent years new kinds of partnerships among the variety of political, social, and economic sectors of the community are necessary in order to better understand these problems and take broad-based action to effectively intervene.

Because the effects of alcohol and other drug abuse are felt in so many sectors of the community, it is not easy to get comprehensive information reflecting overall community impact. School teachers and administrators, for example, may be aware of problems with alcohol and drugs which interfere with education in the community. Medical providers may know about health problems caused by drugs and alcohol. Police and law enforcement personnel confront criminal activity related to alcohol and other drugs on a daily basis. But these isolated pieces of information are usually not fed to some central entity responsible for planning and carrying out a community response to drug and alcohol problems.

Those working to establish community partnerships for substance abuse prevention will find it important to look for a way to consolidate information from several important community systems as a step in the planning and development of effective and comprehensive substance abuse prevention activities.

This is a manual for use by a group of citizens working to build a broadly-based community alcohol and drug abuse prevention program. Such groups get started in various ways--often called together by community leaders representing the schools, local government, or business and industry. The steps necessary to get such a group started are covered in a number of books and manuals which are already available (see Appendix A for some examples). The assumption here is that such a group has been formed and has started working. The group will grow and change over time, but the critical early linkages and commitments have already happened.

Most of the written material about community coalitions for alcohol and drug abuse prevention advises that an early step in the process should be a "needs assessment." That is, these groups ought to have data at their disposal which accurately and objectively depict the status of the problem in their community. As noted above, however, such a picture is multi-faceted, and the process of obtaining it can be a complex endeavor. Traditionally, "needs assessment" involves a combination of information gathering tasks, including surveys, interviews with "key informants", and collection and analysis of indicator data from diverse community sources. Written guidelines

and directions for gathering and evaluating existing indicator data tend to be quite general, however, and typically leave readers to their own devices when stumbling blocks are encountered. Many of these obstacles are predictable, however, and this handbook is intended to be helpful in getting past at least some of them. It includes both a systematic framework which a coalition can apply to its community, and a detailed case study of one community group's success with an indicator data approach to assessment of drug and alcohol abuse community impact. With this framework, the end product in other communities could be similar in format to the one described in the case study, or it could be quite different.

The remainder of this handbook consists of three sections. Part One asserts the need to assemble such a profile. The purpose for the data gathering activity must be clearly articulated. In Part Two the steps in assembling a package of community indicators are presented, each accompanied by an illustration from the Regional Drug Initiative in Portland, Oregon. Finally, Part Three suggests guidelines for using the information.

Part One

The Need for a Community Profile

It is generally understood that abuse of alcohol and other drugs hurts a community and its members in a wide variety of ways. Effects are felt in families, schools, the workplace, and so on, touching nearly every organization and informal group in existence. In addition, the nature of the damage varies widely. Some of the typical adverse impacts include:

- Health damage suffered by users.
- Birth defects, brain damage, etc. in unborn babies.
- Child abuse and neglect.
- Fatalities, injuries, and property damage caused by alcohol-impaired and other drug-impaired persons.
- Prostitution and theft.
- Lost productivity and on-the-job accidents.
- Severe emotional distress (frequently leading to life-long consequences) suffered by spouses, children, parents, siblings, users, and others.

With so many social and organizational systems affected, in such a wide variety of ways, it is unlikely that any one organization or individual is aware of the complete picture. Resources dedicated to responding to the problem are typically distributed among many organizations and functional sectors in the community, such as the health care system, the justice system, the educational system, and so on. Most of these entities handle alcohol and other drug problems as simply one aspect of their overall role. Not surprisingly, a picture of the overall scope of the problem and its total impact on the community does not simply emerge without effort on someone's part to pull all the parts and pieces together.

A comprehensive view of the impact of alcohol and other drug abuse on a community is useful for two purposes:

1. To raise awareness. Individuals in the community are likely to be aware of parts of the problem, but its overall scope and size is likely to be surprising. Awareness can be a step toward action, once individuals come to view the total impact of substance abuse as an intolerable (and preventable) situation.

2. To focus the action. Objective data and information can guide the planning process as decisions are made about aspects of the problem to attack, and types of interventions to employ. (Although many existing community resources may be confronting substance abuse problems and issues, they typically must devote most of their efforts to coping with the existing problem, rather than systematic prevention aimed at keeping future problems from occurring.)

Case Study: The RDI Experience
Exhibit 1

In Portland, Oregon the Regional Drug Initiative (RDI) Task Force, was formed by professional, business, government, and community leaders. The coalition has developed a way of incorporating a typical array of available local data in a simple and manageable format which serves both as a tool to increase community awareness, and as an aid in planning the coalition's overall direction. When the coalition was formed in 1987, information about the impact of alcohol and drug abuse in the community was available from scattered sources and reported on an erratic basis. Little hard information was available in some key areas, such as drug impacts in the workplace. Statistics and other information on topics such as drug-related crime, drug related deaths, etc. came from a variety of sources. They were not reviewed or processed by a single responsible entity which could assemble a composite view of community impact. There was an emerging awareness that substance abuse was hurting the community in many ways, and that the effects were being felt in virtually all economic, population, and organizational sectors, but the information needed to organize and conduct community-wide prevention was lacking or widely scattered. One of the group's first steps was to establish a working group with the task of finding a useful overall structure for gathering, organizing, and sharing existing information. That group's experience and the "Drug Impact Index" it developed over an approximately 18-month span may prove helpful to similar groups in other communities.

The method of information gathering described in this handbook relies solely on the use of data which *already exists* within the community. This is in direct contrast to methods which focus on collecting new information--surveys or questionnaires, personal or telephone interviews, etc. Advantages of tapping existing data include increased potential for obtaining information about many aspects of community impact, lower cost and time expenditure, and the ability to observe trends in the data right away, since it may be possible to "look back" in time. A new data collection instrument or procedure must be administered several times before trends can be detected. With the use of existing data, assuming it has been collected consistently for some time, the trend up to the current moment is already known. For many potential indicators of the impact of alcohol and other drug use in the community, information provided about the direction of the trend may be the most illuminating aspect. As we will see, many factors can obscure an indicator's ability to estimate the absolute size of an impact at a given moment, but a trend in the indicator over time still tells a story.

Part Two

Building a Package of Community Indicators

Assembling a list of community indicators can be a long and tedious process. Getting an organized start and following a consistent series of steps will help. The following is a series of steps local citizens can take to assemble a package of drug abuse impact indicators for a specific community.

Step 1: "Brainstorm" a list of possible indicators

Convene a working group. Its members should include persons with some knowledge of available information in a variety of domains (law enforcement, health care, employer-employee relations, education, etc.), as well as persons whose orientation is more general--who are more likely to see and think about information the way the target audience will see and think about it. The working group may be as small as seven or eight, or as large as 12 to 15 persons. Subgroups of three to five persons will be needed for specific assignments.

The working group can start with a "brainstorming" session to generate a list of possible indicators of community impacts caused by alcohol and other drug abuse. A key feature of the brainstorming process is that all ideas have equal weight. Ideas are recorded on a list as soon as they are suggested. They are not screened according to right vs. wrong, important vs. trivial, feasible vs. unfeasible, or any other measure of merit. The intent should be to identify as many existing information resources as possible, while at the same time generating ideas about information which would be valuable to have, whether or not it is known to be available.

Case Study: The RDI Experience
Exhibit 2

The Regional Drug Initiative community impact working group originally convened to consider a task force member's suggestion that the effects of substance abuse might be more easily understood if all the data could somehow be boiled down to a single index "like the consumer price index." Such an index would indicate the scale of the problem at a given time and show the trend of changes over time. The working group, drawn from several organizations which collectively had knowledge of a variety of information sources, began the task by making a list of types of data known to exist, and questions to be answered if pertinent information sources could be located. Although it quickly became apparent that the available yardsticks did not have enough in common to combine them in a single statistic, the group decided that a short list of different kinds of indicators, from a variety of pertinent sources, would do almost as well for its purposes as a single index.

For best results, the group should be fairly comfortable, and "warmed up" before attempting this task. If members of the group feel shy about speaking up, some of the best ideas may not get on the list. A practice, "warm up," exercise in brainstorming ("Favorite fruits and why," for example) can be used to get the group going before it attempts the task of building a list of potential indicators of substance abuse community impact.

In beginning the indicator listing task, it might be helpful to start with a description of the single composite index idea. Then ask the group to suggest possible elements of such a composite index. Every idea, from the obvious to the unusual to the seemingly impossible, should be welcomed during this stage of the process. Prioritizing and critical examination will come later.

Case Study: The RDI Experience
Exhibit 3

Some the ideas considered for the RDI Index included:

Annual number of drug overdose deaths.

Annual number of drug-affected births.

Percent arrestees testing positive for illegal substance(s).

Hospital and emergency room admissions for drug and alcohol related causes.

Age of onset of drug use among school children.

Number of adult felony drug cases issued by the District Attorney's office.

Number of drug and alcohol school suspensions.

Number of clients treated in publicly funded drug treatment.

Number of employers with alcohol and drug policies.

Amount of drugs stolen from hospitals, pharmacies, etc.

Number of identified "drug houses".

Number of schools offering curriculum focusing on drug and alcohol prevention.

Number of employers using pre-employment drug screening.

Juvenile arrests related to drugs and alcohol.

Amount of drug-related crime.

Amount of gang-related drug activity.

Citizen involvement in anti-drug activities.

Number of children removed from families for alcohol/drug-related causes.

Step 2: Rounding out the field

Once the "brainstorming" list is assembled, its elements can be examined a little more critically. The next steps will help the group discover gaps in the list of potential indicators, and may lead to the listing of additional possibilities.

The brainstorming session should have generated a variety of information ideas. Some kind of classification structure can now be introduced. For example, the suggested indicators might be sorted into categories, such shown in the table below. Such a table can be a worksheet for listing proposed indicators within categories.

Exhibit 4

Indicator Category	Examples of Potential Indicator(s)		
Health	Overdose deaths	Drug-affected births	AOD-related hospital cases
Education	Drug-related suspensions	AOD use survey findings	Student hours in prevention curriculum
Treatment	Enrollments in treatment programs	Average waiting list size	Usage trends by drug category
Justice	Drug crime arrests	Arrestee drug results	Crime report trends
Youth	Juvenile drug arrests	Underage drinking reports	Availability of AOD-free recreation and social activities
Families	AOD-related foster care placements	Parent training events provided	AOD-related family problems tied to unemployment
Safety	AOD-related traffic injuries & deaths	AOD-related drownings & other accidents	Discarded syringes, etc. in parks & playgrounds
Business	AOD-related sick leave	Productivity & product quality deficiencies	Employee Assistance Program referrals
Other	Community improvements deferred due to AOD impacts	Tax revenue losses due to AOD impacts	Adverse media exposure affecting community reputation

This sorting task can help the group flesh out the list of indicator candidates, and make other improvements which the exercise may tend to suggest.

Step 3. Find available data

Information relating to the items on the list of potential indicators may be available from a variety of sources. Examples of some of these are shown below.

- Many civic groups prepare reports on topics of community concern which may contain or provide leads to useful information.
- Government agencies and non-profit organizations which provide services such as health care, criminal justice, treatment and rehabilitation, etc., often maintain statistical profiles of the populations they serve and the services they render.
- Information about impacts in the private business sector may be available from major employers and industry associations.
- Academic research conducted in local or nearby colleges, universities or research institutes may also be a source of community data.
- Local media often collect and report information related to the impact of substance abuse in the community. The local library, or the media organizations themselves, may be a source of collected, published material.
- Health-related information might be accessible through county or state health departments, the state or county medical examiner, hospitals and health maintenance organizations, and professional practitioner organizations.
- Information about impacts in the education system may be available from local districts, state education agencies, or a regional resource such as the Western Center for Drug-Free School and Communities.
- Schools and school districts, public and private, may have information relating to substance abuse impacts and positive steps taken (e.g., children exposed to prevention curricula, parents participating in awareness seminars, as well as number and type of disciplinary actions taken, security/surveillance measures implemented, etc.).

- Criminal justice system data may be available from local law enforcement jurisdictions in the form of Uniform Crime Report and arrest data; conviction and incarceration information may be available from the county prosecutor, and other information such as the number of convicted drug offenders currently at large under supervision may be obtained from local, state, and federal probation and parole authorities.

Many of the organizations you will need to contact will be listed in the telephone directory government listings. Look through the listings for city, county, regional, state, and federal agencies, as well as local school districts. Private and nonprofit organizations may be in the Yellow Pages under "organizations" or subject headings such as "alcoholism treatment", "drug abuse information and treatment," "human service organizations," "social service organizations," "youth organizations" and so on.

The organizational structure of public sector service providers varies from community to community, so you will need to do some investigating to find the best sources. Allow plenty of time for multiple phone calls as you track down leads. Be prepared to explain what you want to several different people within a given organization before you finally get connected with someone who might be able to help you. Workers within service delivery systems will usually do their best to help you, but they may be unaware of certain details relating to data and unsure as to whom such requests should go. Generally, you will find one key person in an office whose job it is to put the data together each month, quarter, or year. When you find this person, celebrate, and nurture the contact! Your needs for information from this office will usually be met by this individual.

You will develop your detective skills as you work your way through these systems. Don't be discouraged by blind alleys and false trails; every detective must deal with these from time to time. Always treat the people you speak with in this effort with courtesy and respect. They are not your adversaries. They are not deliberately giving you the "runaround." (Since the compilation of the information you need is probably going to be extra work for someone, there is always the possibility that the task will be put aside and neglected, if not forgotten. Reminder calls may be required, or you may even resort to consulting a higher supervisor. This should be handled in a professional manner, without intimidation or rancor.)

Keep track of your detective work on each indicator. You might want to use a worksheet such as that shown in Exhibit 4.1 (attached).

Exhibit 4.1

Data Collection Worksheet
(Make copies of this page to use in tracking steps taken for each indicator)

Indicator Name_____

Indicator Category_____

Date_____Person Contacted_____

Organization_____Phone_____

Discussion Summary_____

_____

_____

_____

_____

Date_____Person Contacted_____

Organization_____Phone_____

Discussion Summary_____

_____

_____

_____

_____

Date_____Person Contacted_____

Organization_____Phone_____

Discussion Summary_____

_____

_____

_____

Step 4. Screen indicators according to availability

As you begin and progress through your search, you will find a considerable range in the availability of information. You can probably group the results in four general categories of availability.

The first category contains information which is available in the form you expected or hoped to find it in. For example, you wanted the number of parents attending a school-sponsored substance abuse prevention workshop series, and found that the school district was able to provide the information. When this happens, celebrate! But be forewarned--you will rarely find information in this category of utility.

The second category contains information which is in some way different from what you expected or hoped for, but which may still apply to the concern reflected by the original question. For example, you wanted a breakdown of drug-related crimes, but the available data can't answer this question directly. Some combination of crime report statistics, arrest report statistics, offense history analysis of substance-abusing criminal offenders, and educated guesswork is needed to arrive at an estimate of drug related crime. Much of the information you find will be in this category.

The third category contains information you weren't looking for, but which nevertheless seems pertinent to the issue of community impact. You might, for example, find out about levels of prescription drug abuse, even though your initial questions dealt entirely with alcohol and/or illegal substances. This situation will occur frequently and may yield unanticipated benefits in your quest to profile your community. A word of caution, however: beware of getting sidetracked with issues which are less directly related to the central purpose of the coalition. An illustration of such a journey is given in Appendix B. While the problem of substance abuse is often entangled with many other social problems in a community, and a systematic synthesis of all the existing data relating to all these problems might seem necessary, such an effort can cause costly delays in meeting the goals of the present project.

A certain amount of additional information about the community could be helpful at this stage, however, in order to place some of the indicator candidates in context. Some basic demographic information, like age, sex, ethnicity, income distribution, education, and family structure data for the community will help meet this need. Other indicators of community strengths and problems (attachment and cohesion indicators such as voter turnout, amount of owner-occupied housing,

availability and variety of organized activities, community accomplishments and projects, etc.) could also be helpful.

Finally, you will likely find that information relating to some of your indicator possibilities simply does not exist in your community. The business sector, for example, may not know much loss due to productivity impairment, theft, and waste is attributable to substance abuse. As you round out your list of indicators, your group should take note of such gaps in information availability, and consider recommending that steps be taken to begin collecting pertinent data.

Step 5. Look for regional and national comparisons

Regional and national comparison data related to the potential indicators on your list can help show similarities and differences between your community and region and the nation as a whole. While the presentation of data and information on your community will spark some interest, the inevitable question will follow--"How do we compare to other places?"

The detective work involved in obtaining comparative data is similar to that required for local data. The contacts you make in local organizations will often be able to help you find the best regional, state, or national information for comparison with the local information they supplied. They may already have the latest available comparative data, since they are likely to be on the distribution list for such reports.

Case Study: The RDI Experience
Exhibit 5

One of the more frustrating problems encountered by the RDI in the construction of its Drug Impact Index was the lack of comparable state or national data for many of the indicators. Despite the huge variety and amount of statistical information collected and maintained by various entities in this country, it often turns out that data relating to a particular indicator is collected and organized in different ways from place to place, preventing direct comparison. The RDI group found this to be true in the case of such indicators as drug-related deaths (a category in which the state and local data was restricted to illegal drug overdoses, while national compilations reflected reports from other states which included a wider range of substances). Drug-affected births are also reported inconsistently from place to place, and sometimes even from hospital to hospital within a single region. After struggling first with the problem of finding comparison data, and then the related problem of devising a way to meaningfully display the somewhat comparable data which was found, the RDI group decided not to use any national comparison data at all in its report to the coalition membership and the community. Statewide data was used for several indicators, however, including overdose deaths, drug-affected births, student drug use, and drug offense arrests.

Step 6. Reconsider the list

When the first round of data gathering has been completed, the group is in a position to reconsider its proposed list of indicators. The group should meet to prepare a revised list of indicator candidates. The revised list may contain items changed from their organizing form to the closest approximation which can be answered with available data, new items discovered during the data availability research, as well as items for which no change was needed.

Step 7. Identifying the best indicators

With the revised list in hand, the group is ready to begin selecting the strongest indicators for the final list. Selection criteria should include availability, technical quality, and information value. Technical quality refers to validity and reliability, discussed further below. The information value of an indicator can be understood as the additional contribution to overall knowledge of community impact which that indicator provides. Because it is important to represent a range of different kinds of community impact, an indicator which provides information about an area of impact in which few indicators are available might be judged to have greater information value than an additional indicator for an area for which many indicators already exist.

Case Study: The RDI Experience
Exhibit 6

There came a point in the RDI Drug Impact Index project when the group found it needed expert advice in order to move ahead. Working on the principle that someone, somewhere, had probably already carried out a similar project, members of the group went looking for expertise. Perhaps surprisingly, they didn't find any other group in any other community engaged in quite the same kind of effort. They turned then to a locally available source of expertise on uses of social indices and indicators. At this point in the development of a Community Profile, it is imperative to consult with someone with expertise in statistics, measurement, research, and/or social index construction--particularly at the evaluation stage, when potential indicators are screened in or out according to the standards of technical quality and information value.

Technical Quality (Validity & Reliability)

An indicator is *valid* if it actually measures what it is meant to measure. An indicator is *reliable* if it is consistent in repeated use over time, so that changes in the measurements obtained at different times accurately reflect actual changes in the thing being measured. For example, if we wish to compare the performance of runners in the 100 meter dash, we can do so by determining that elapsed time is a valid indicator of the performance characteristic we want to measure, and by making use of a reliable timing instrument, such as a stopwatch, to time the runners. To be considered reliable, the stopwatch should run at the same constant speed each time it is used, independent of outside influences such as temperature, barometric pressure, tension on the mainspring, random variation, or the gravitational influence of the moon. As this simple example demonstrates, an indicator is valid if it has a demonstrable relationship to the quality it purports to measure. It is reliable if it provides consistent accuracy in its measurement.

Validity: Arrest and crime reporting examples

Validity is a key concern when using pre-existing data obtained from a variety of sources. The audience for the community profile you are constructing may not be particularly concerned with this, but if the information is to be used to direct policy and action, you need to be. For example, a typical validity issue may arise around the question of indicators of criminal activity. Crime is

usually a significant factor in the impact of substance abuse on a community. Yet crime by its nature is behavior which is often not directly observed.

Typical community indicators of criminal activity include crime report statistics and arrest rate statistics. The validity of each of these as a reflection of the amount of criminal behavior actually occurring can be dramatically affected by other factors unrelated to the actual number of crimes occurring--such as changing community norms relating to crime reporting, or changes in law enforcement response patterns.

Crime report statistics are compiled from reports provided by citizens. Many factors can influence citizen reporting, including the level of public confidence that making the report is worth the trouble, the perceived seriousness of the crime, and sometimes the victim's degree of concern about possible exposure of his or her part in other illegal activity. If, because of workload or other factors, police priorities change such that certain offense categories receive less attention, the public is less likely to file reports, while the actual number of occurrences may increase due to the reduced risk of arrest perceived by offenders.

Arrest rate statistics are a more limited source of information about some kinds of criminal activity than are crime report statistics, because they include only crimes for which an arrest was made. Also, changes in law enforcement agency policy and practices can have a more direct and immediate effect on arrests than they have on crime reports from the public. On the other hand, arrest data is likely to be the only information available for certain categories of crime, including drug dealing and prostitution, which are not often reported to the police by a victim or witness.

Case Study: The RDI Experience
Exhibit 7

Despite their limitations, crime and arrest reports are widely used and are likely to be important elements of any Community Profile. They are the likely to be the best available indicator of criminal activity. The best defense against the danger of misreading such data and reaching inappropriate conclusions is a thorough knowledge of possible alternative explanations for observed results. For example, the RDI impact index task group concluded that a drop in drug arrests in one year was the result of a police department reorganization which temporarily limited the department's capability to investigate drug cases, rather than a reflection of reduced drug crimes. The Drugs and Vice unit had been closed down, and its officers reassigned to other duties by a newly-appointed Chief of Police, in the belief that drug cases could be handled by non-specialist detectives and officers. The informant network and other intelligence-gathering resources which had been established and maintained by the Drugs and Vice unit did not function well under the new arrangement, and the number of cases dropped significantly. The number of cases returned to prior levels when the Drugs and Vice unit was re-established.

Reliability

The reliability of a proposed indicator can be assessed by learning about the history of the data collection effort, the methods used in collecting the information, and the likelihood that comparable information will be available in the future. Has the information been collected and reported on a regular basis over a period of time? Is a consistent method of collecting, summarizing and reporting the information in place and consistently used? Is likely that the effort will continue?

Case Study: The RDI Experience
Exhibit 8

The RDI group used the reliability criterion to eliminate some proposed indicators, such as estimates of the number of "drug houses" in operation, when it was found that a reliable method of obtaining such a count did not exist. "Official" estimates provided by various agencies varied widely, due to fundamental disagreements over definitions, and the transitory nature of the phenomenon itself-- a dwelling unit passing quickly into and out of use for volume drug dealing. The RDI indicator list does, however, still contain several items with little or no history of availability. These were included either because the effort to collect and report the information had already begun, and was judged likely to continue, or because the RDI group believed the information should be collected and decided to advocate for its implementation. Advocacy for action related to the problem of drug and alcohol abuse in the community, of course, is completely consistent with the larger purpose of a community coalition on substance abuse prevention. In this case, it was the exercise of researching and developing its' "Drug Impact Index" which led to the discovery of an opportunity to advocate for an action which might enable the community to better understand and deal with its substance abuse problems.

Step 8. Choose the best approximations

Chances are, there will be some concerns about the validity and/or reliability of each of your indicator candidates. The group's task is simply to decide which of the possibilities are the least seriously affected by these problems. Also, which indicators are least likely to be seriously misinterpreted out of context? Can the necessary context be provided in the framework of a simple, short report dealing with a range of problem and response indicators?

Include a range of impact types

Another important element in the selection process is representation of a range of different types of impacts. Demonstrating effects of substance abuse problems in many facets of community life is a major goal of the project. The group will need to weigh its judgement of the relative strength of a proposed indicator in terms of validity and reliability against the importance of providing indicators across a spectrum of types of impact. A given indicator may be viewed as relatively weak compared to others, yet be the best available in an important area of concern. The group can decide that inclusion of the indicator is warranted, based on its judgement of the importance of calling attention to the area of concern that it represents. At the same time, the importance of that indicator ought to motivate increased commitment to its reliable and valid assessment.

The variety of indicators, from different systems and sectors of the community, is one of the main strengths of the community impact index. Limitations of some of the indicators are to some extent cancelled out by the strengths of others. Taken together, the overall profile index will tend to reveal a more complete view of the problems it seeks to measure than can be seen from the vantage point of any of the individual indicators. With the continuing involvement of appropriate representatives of organizations which supply indicator data, greater precision in measurement can be expected to evolve over time, as the limitations of the separate indicators are identified, and ways are found to improve their accuracy.

Educational benefits

At this point in the process, the group should have acquired a good understanding of some of the difficulties encountered in attempting to measure substance abuse community impacts. Appreciation of the tolerances and limitations inherent in the data, and some of the possible alternative explanations for observed results, will prove useful as the group turns its attention to the task of disseminating its results and facilitating use of the information in policy and action decisions throughout the community. Group members will be in a position to assist information users gain a sufficient understanding of the data to minimize misinterpretation due to incorrect and/or unexamined assumptions. This is not to say that there should be a single, "correct" interpretation of the community impact information. Valid disagreements about the meaning of data, based on differing value systems and priorities, are always possible and usually healthy. The major purpose of the exercise will be accomplished if it leads to increased public interest and support for efforts to prevent further community problems resulting from the abuse of alcohol and other drugs.

Part Three

Using the Impact Index

In order to serve its purpose, the community index must get attention. An effective format and carefully limited quantity of content material will increase the chances that the written document form of the index will be read and understood.

Format Considerations

The format of the report should be simple and direct. Narrative detail should be kept to a minimum. Charts and graphs which present a clear picture of the main point of each indicator should do most of the work. Aim for a document which is short enough to be read easily in one sitting at the time it is received, so it won't be put aside for study later "when there is more time available." All too often, documents put aside for "later" study are actually never seen again.

The difficulty with making the report short and direct is that it entails risk of dangerous oversimplification. A "technical note" section for each indicator can be used when additional explanatory material is needed.

INDICATOR #6

Prevalence of alcohol use in the last 30 days among school-aged youngsters, grades 8 and 11, in reporting schools as contained in Drug Use by Oregon Public School Students.

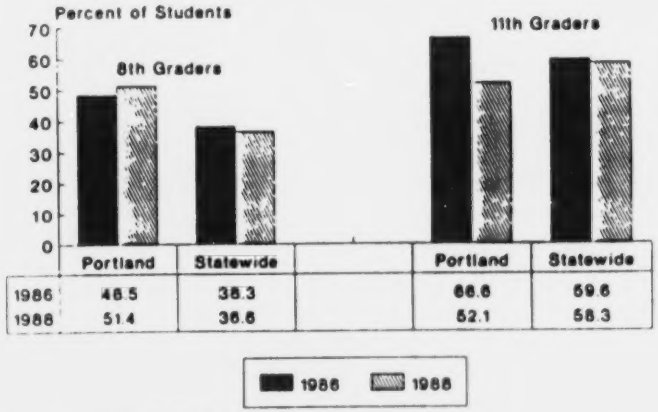
Description of indicator

TECHNICAL NOTE:

Information about data source, reliability, etc.

Because alcohol is an illegal drug for juveniles, its use is included as an indicator. The prevalence in the last 30 days is the indicator selected for the same reasons identified for Indicator #5.

Student Alcohol Use in Last 30 Days
Grades 8 and 11



	8th Graders			11th Graders	
	Portland	Statewide		Portland	Statewide
1986	48.5	38.3		66.6	59.6
1988	51.4	36.6		52.1	58.3

Source: "Drug Use by Oregon Public Schools"

Indicator shown in graph format

REMARKS:

Short explanatory statement

Eighth graders show an increase in use of alcohol in the last 30 days in the Portland area and a slight decline for the rest of the state. With older students -- 11th graders -- there is a slight decline throughout the state in alcohol use but a more significant decrease among the Portland population.

Exhibit 9

Dissemination

Timing is an important element in achieving maximum public exposure for the release of the community impact indicator report. Arrange for a coordinated release to news media which considers, if possible, the daily deadline schedule for both print and electronic media. Choose a day when the press and public won't be preoccupied with other pre-scheduled events. (Some of the events which influence news coverage decisions can be anticipated: annual community festivals, important elections, etc.)

Establish a time and place to present the report in a public forum, such as a public meeting of the community coalition membership. Give advance notice to the press. Provide an indication of the nature of the report, but don't "give it all away" prematurely.* The formal presentation can be followed by a news conference. Also, insure that key spokespersons are available for interviews as needed.

It is also important to have discussion of the report on the agenda of every (public or private) organization with a potential role in the community prevention effort. Members of the prevention coalition who prepared the report are the natural first choice emissaries to take the report back to the organizations which they represent. Getting the information received and understood in as many forums as possible increases the likelihood that policies and programs which contribute to prevention across a broad community front will be encouraged and supported.

Action Outcomes

Results of the community indicator project may be observed both within the coalition and in the community.

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*Full details--text of the announcement, the report itself, a descriptive press release--may be provided ahead of time on a "not for release before (date)" basis, assuming that a working relationship with the media has already been established.

Within the Coalition

Work on the community indicator project can be expected to influence the direction of future projects undertaken by the coalition. The group, or individual members, may develop a particular interest in a topic explored as a possible impact indicator (babies born to drug abusing mothers, for instance), and follow through with additional efforts to take positive steps in that area. The energy thus mobilized is beneficial both to the community and to the coalition group internally, since the energy and effectiveness of a group is a function of the energy and dedication of its individual members.

Since the indicator project involves information gathering from many sources, it will tend to draw in additional people as the work proceeds. Mutual effort between information seekers and information providers to discover appropriate community indicators will widen the circle of persons involved and may provide new members for the group.

The project's product, the report itself, may help serve as a recruitment tool for the community coalition group, by documenting the need for the group's work and demonstrating its ability to produce an important, useful, and tangible result while raising the awareness of potential members and the community as a whole.

Community Results

The process of following up on the indicator project with actions aimed at specific policy and program effects in the formal and informal front line organizations, institutions, and social networks of the community is the larger task of the prevention coalition as a whole. As such, a complete discussion of this process is beyond the scope of this handbook. In brief, the work entails identifying key policy and program issues, targeting forums in which these issues are decided, and developing a program of community prevention, and prevention advocacy, involving a wide range of community participation.

Uses and limits in evaluation of community prevention

Community prevention is a long-term effort. As the effort proceeds, the community indicators will need to be updated at appropriate intervals. Trends may thus begin to be observed in the nature and severity of the community's alcohol and other drug problems. Ideally, the trends will reflect the efforts of the prevention coalition, by showing a steady decline in adverse impacts from substance abuse. Many factors can influence these overall indicators, however, and many problems will likely persist in some form. The coalition will need to evaluate its specific projects by targeting outcomes which can be related directly to the activities or services provided.

Appendix A

Further Reading About Community Coalitions in Alcohol and Drug Abuse Prevention

1. Crowley, J.F. *Alliance For Change: A Plan For Community Action on Adolescent Drug Abuse*. Minneapolis: Community Intervention, Inc., 1984.

2. California Dept. of Alcohol and Drug Programs. *Community Framework for Preventing Alcohol and Drug Problems*. Sacramento, CA: The Department, 1990.

3. Merenda, D. W. *A Practical Guide to Creating and Managing Community Coalitions for Drug Abuse Prevention*. Alexandria, VA: National School Volunteer Program, Inc., 1989.

4. Office of Substance Abuse Prevention. *The Future By Design: A Community Prevention System Framework*. Workbook from Community Prevention Workshop, San Francisco, California, March, 1990.

5. Office of Substance Abuse Prevention. *Prevention Plus II: Tools for Creating and Sustaining Drug-Free Communities*. Rockville, MD: National Clearinghouse for Alcohol and Drug Information, 1989.

6. National Federation of Parents For Drug-Free Youth. *Community Team Manual: Setting Up Your Prevention Program*. NFP Reach, 14325 Oakwood Pl. N.E., Albuquerque, New Mexico, 1988.

7. San Diego County Dept. of Health Services. *Youth Alcohol Hazard Assessment Manual*. San Diego, CA: The Department, 1988.

8. Thorp, Kathlyn. *Now That You've Begun: A Guide to Keeping Your Community Prevention Group Going*. Madison, Wisconsin: Wisconsin Dept. of Health and Social Services, Office for Children, Youth & Families, 1985.

9. U.S. Department of Education, Office of Planning, Budget, and Evaluation. *Report to Congress and the White House on the Nature and Effectiveness of Federal, State, and Local Drug Prevention/Education Programs*, 1987.

10. Western Center for Drug-Free Schools and Communities. *School-Community Collaboration Participant Materials*. Workshop handbook, Portland, OR: The Center, 1989.

11. White House Conference For A Drug-Free America. *Final Report*. Washington, D.C.: U.S. Government Printing Office. June, 1988.

12. Yost, R. *What You Can Do: A Hands On Guide To Building Alliances For The Prevention of Alcohol and Drug Abuse*. Wisconsin Clearinghouse, 1981.

Appendix B

Disaggregating Profile Data: An Illustrative Example

Use of County Alcohol and Drug Treatment Data as Community Impact Indicator: Complications and Potential Benefits.

The Regional Drug Initiative's committee on community impact assessment considered use of Multnomah County drug and alcohol treatment data as one of several possible indicators of the extent of drug and alcohol problems in the region. The group concluded that the available information about drug and alcohol treatment did not represent a suitable indicator for two major reasons:

1. The number of people treated, and the relative size of the groups treated for alcohol problems or drug problems, largely reflected the capacity limits of the treatment programs. The number of persons in need of treatment for alcohol or drug problems could not necessarily be inferred from the number treated. Further, since the funding formulas for drug and alcohol treatment are different in Oregon, with agencies receiving more money per "slot" (defined as treatment for one person for one year) for drug treatment than for alcohol treatment, agencies had an incentive to "convert" alcohol slots into drug slots.

2. The available data only reflected publicly-funded treatment. The number of private treatment agencies and practitioners had increased rapidly, but private sector providers were not included in the reporting system. Thus the number of privately-treated clients was unknown, but presumed to be increasing.

The problems posed by these factors can be seen in Figure 1, which shows the absolute and relative size of the groups treated for alcohol and drug problems in 1987, 1988, and 1989. The number treated for alcohol problems declined in 1988, then remained the same in 1989. Meanwhile, the number treated for drug problems increased in 1988 and again in 1989. It is not necessarily correct, however, to conclude that the number of individuals needing drug abuse treatment increased in proportion to the number treated, nor that the number needing treatment for alcohol problems did not change. The extent to which these changes are simply an artifact of policies and procedures of funding and administration cannot be determined from the data. Also, changes in the availability of private-sector treatment complicate the interpretation of the change in the overall number of clients treated. The total number served increased, but the rate of increase in need is masked by the capacity limits of the programs and lack of data from private providers.

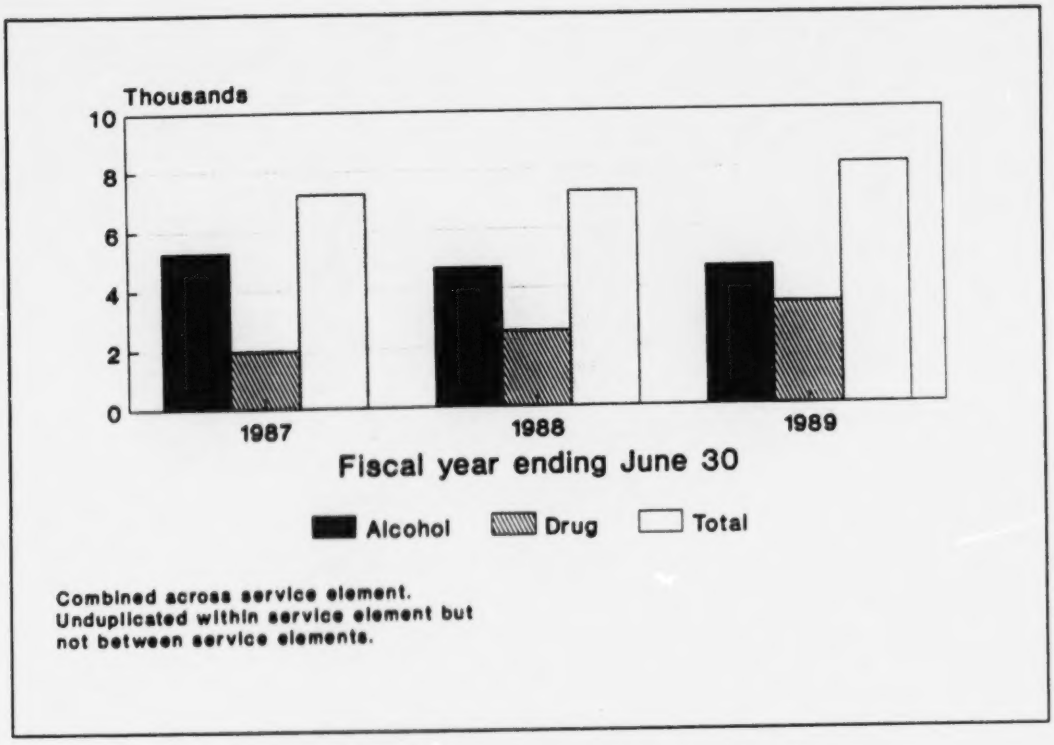

Figure 1. Drug and Alcohol Treatment, Persons Served: Multnomah County

Despite these shortcomings, a case can be made for including this indicator as an element of a community impact index. As we have seen, there are problems and complications with many potential sources of community data. These problems and complications are not necessarily fatal, however, provided that the strengths and weaknesses are understood, and potential users of the information can somehow be deterred from making conclusions which the data cannot reasonably support.

Another impact indicator selection committee could look at a similar set of facts and decide to include a treatment data indicator, in spite of the problems noted, on the grounds that such data provides the only available data on the actual size of the population being treated. The information that more than 8,000 persons were treated in county-monitored programs in 1989 (with an unknown but presumably increasing number treated privately) may not be an accurate indicator of the number of people in need, but it helps provide a sense of scale which might be helpful to members of the coalition and public. The increasing number of drug clients may or may not indicate the size of the increase of the drug-abusing population, but it does reveal something about the minimum size of the group and the probable direction of the trend.

The county treatment data can be used to illustrate how indicator data might be analyzed in greater detail in order to better understand the information and help the coalition in its task of recommending steps which might lead to improvements in the overall coordination of resources having to do with drug and alcohol problems.

For example, Figure 2 provides a more detailed breakdown of the information already presented. Data for 1987, 1988, and 1989 is plotted for each of 6 major "service element" categories. This analysis reveals that the changes in overall client population observed in Figure 1 tend to be concentrated in the "Dtx" (detox) category, with the drug detox element growing from zero to nearly 1,000 persons served, while alcohol detox declined from about 1,700 to about 1,100. The other service elements shown are residential (Res) and outpatient (Otpt).

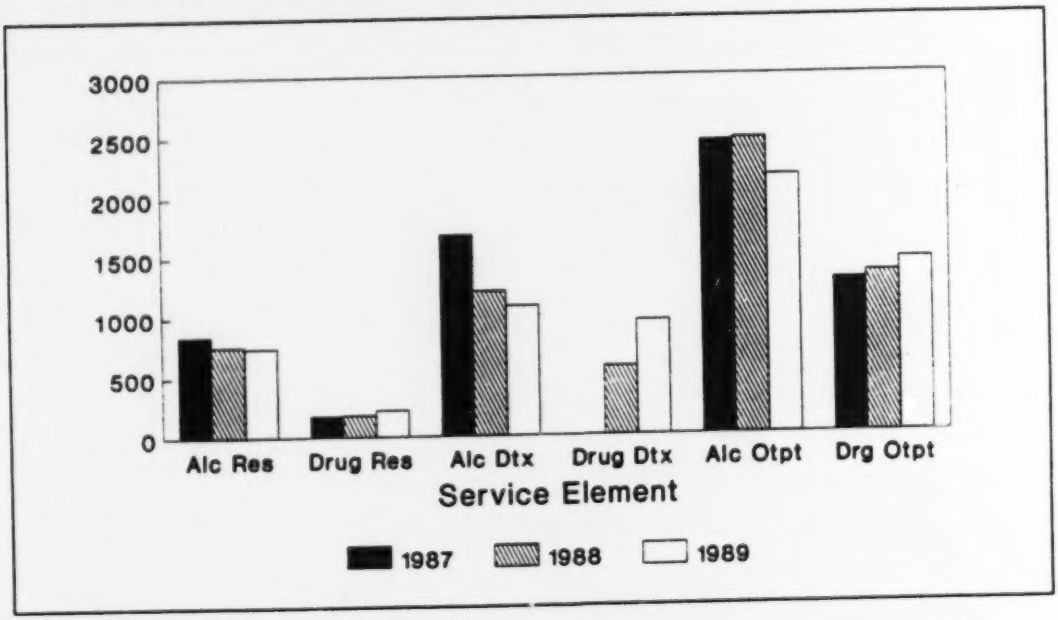

Figure 2. Alcohol and Drug Treatment: By Service Element and Year, Persons served: Multnomah County

Figure 3 shows that a large and increasing share of the clients served by the county-monitored programs are persons with little or no income. Since the programs traditionally generate revenue from a combination of public funds and fees charged to clients according to an "ability to pay" sliding scale, it appears that the potential for revenue from clients who can afford to pay for treatment is shrinking, while the total demand for service continues to grow. (The extent to which this reflects migration of non-indigent clients to private programs is not certain, but increased availability of private treatment is a likely factor.)

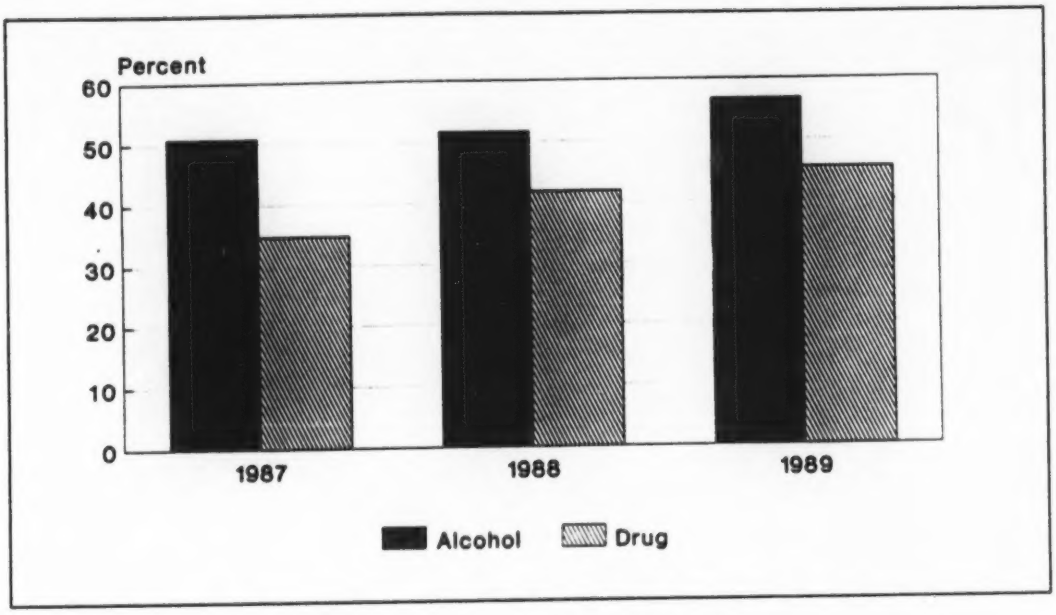

Figure 3. Income Under $250/month, Multnomah County A & D Clients

Facts such as those illustrated above can assist the committee in focusing on key issues of public policy and community knowledge in order to participate effectively in the ongoing process of fashioning an effective and comprehensive response to substance abuse and related problems. Since there is virtually an unlimited variety of ways to break down and analyze any large data set, the group should seek out and rely upon expert advice in its choice of questions to pursue, thus helping to ensure that the information value of the results is worth the time and effort expended in obtaining it.

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